

Express Mail No.: EL 984898148 US

Date Deposited: 11/17/2003

Approved for use through 10/31/2002. OMB 0651-0032
 U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PTO/SB/06 (08-00)

PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 8404.023	
CLAIMS AS FILED - PART I						SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)			
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE	
BASIC FEE (37 CFR 1.16(a))				\$ 0		\$ 770	
TOTAL CLAIMS (37 CFR 1.16(c))			15	minus 20 = *	0		
INDEPENDENT CLAIMS (37 CFR 1.16(b))			2	minus 3 = *	0		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					0		
			TOTAL		0	OR TOTAL	770
* If the difference in column 1 is less than zero, enter "0" in column 2							
CLAIMS AS AMENDED - PART II						SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus ** 20	=	0	x \$ 9 =	0
	Independent (37 CFR 1.16(b))	*	Minus *** 3	=	0	x 43 =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0
			TOTAL		0	OR TOTAL	0
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus **	=		x \$ 9 =	0
	Independent (37 CFR 1.16(b))	*	Minus ***	=		x 43 =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0
			TOTAL		0	OR TOTAL	0
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus **	=		x \$ 9 =	0
	Independent (37 CFR 1.16(b))	*	Minus ***	=		x 43 =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0
			TOTAL		0	OR TOTAL	0
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							

SEND TO: Mail Stop Patent Application
 Commissioner For Patents, PO Box 1450
 Alexandria, VA 22313-1450